

GOVERNOR'S OFFICE OF CRIMINAL JUSTICE PLANNING (OCJP)
VICTIM WITNESS BRANCH

SPECIAL EMPHASIS VICTIM ASSISTANCE AND SPECIAL VICTIM ASSISTANCE PROGRAMS
VICTIMS OF CRIME ACT (VOCA)

PART IV - PROPOSAL FORMS

Competitive Request for Proposals
Proposal Checklist and Required Sequence

This checklist is provided to assist the applicant in ensuring that a complete proposal is submitted to OCJP. Failure to include any of the following elements may result in disqualification of the proposal. Each proposal under either program must include the following:

- ☐ GRANT AWARD FACE SHEET (*General Instructions*)

- ☐ PREFERENCE POINTS CERTIFICATION FORM, signed by the designated Enterprise Zone Contact (*General Instructions*)

- ☐ PROJECT NARRATIVE (*Programmatic Instructions*)
 - Problem Statement
 - Plan
 - Implementation

- ☐ PROJECT BUDGET (*General Instructions and Programmatic Instructions*)
 - Budget Narrative
 - Budget Forms - OCJP A303a, A303b, A303c
 - Other Funding Source: OCJP 653
 - Prior/Current OCJP Funding Form

- ☐ PROPOSAL APPENDIX (*General Instructions and Programmatic Instructions*)
 - Operational Agreements
 - Organizational Chart
 - Assurances Form
 - Job Duty Statements

OFFICE OF CRIMINAL JUSTICE PLANNING (OCJP A301) (OCJP A301)
GRANTAWARD FACE SHEET

The Office of Criminal Justice Planning, hereafter designated OCJP, hereby makes a grant award of funds to the following **Administrative Agency (1)** _____
hereafter designated Grantee, in the amount and for the purpose and duration set forth in this grant award.

(2) Implementing Agency Name _____
Contact _____ **Address** _____
Telephone () _____

(3) Project Title (60 characters maximum)	(6) Award No.
(4) Project Director (Name, Title, Address, Telephone) (four lines maximum)	(7) Grant Period
	(8) Federal Amount
	(9) State Amount
(5) Financial Officer (Name, Title, Address, Telephone) (four lines maximum)	(10) Cash Match
	(11) In-Kind Match
	(12) Total Project Cost

This grant award consists of this title page, the proposal for the grant which is attached and made a part hereof, and the Assurance of Compliance forms which are being submitted. The grant recipient signifies acceptance of this grant award and agrees to administer the grant project in accordance with the statute(s), the Program Guidelines, this Request for Proposal (RFP) and the OCJP Grantee Handbook. The grant recipient further agrees to all legal conditions and terms incorporated by reference in the Program Guidelines, this RFP, and the OCJP Grantee Handbook.

<p style="text-align: center;"><u>FOR OCJP USE ONLY</u></p> <p>Item:</p> <p>Chapter:</p> <p>PCA No.:</p> <p>Components No.:</p> <p>Project No.:</p> <p>Amount:</p> <p>Split Fund:</p> <p>Split Encumber:</p> <p>Year:</p> <p>Fed. Cat. #:</p> <p>Match Requirement:</p> <p>Fund:</p> <p>Program:</p> <p>Region:</p>	<p>(13) Official Authorized to Sign for Applicant/Grant Recipient</p> <p>_____</p> <p>Name:</p> <p>Title:</p> <p>Address:</p> <p>Telephone: ()</p> <p>Date:</p> <p>I hereby certify upon my own personal knowledge that budgeted funds are available for the period and purposes of this expenditure stated above.</p> <p>_____ Fiscal Officer, OCJP Date</p> <p>_____ Executive Director, OCJP Date</p>
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PREFERENCE POINTS CERTIFICATION

Use this format if one is not provided by the Lead agency.

DATE:

TO: OFFICE OF CRIMINAL JUSTICE PLANNING

FROM: Community Contact
Enterprise Zone Program

SUBJECT: PREFERENCE POINTS

(check only one box)

- ☐ (5%) The applicant named below has targeted this enterprise zone for grant-related activities.
- ☐ (2%) The applicant named below has not specifically targeted this enterprise zone for grant-related activities. However, the applicant provides needed services to residents of this community.

Applicant Name: _____

Project Name: _____

Address: _____

Program Zone: _____

I certify that I have reviewed the proposed project and that it meets the eligibility requirements for preference points as required by California Government Code Section 7082.

Print Name of Enterprise Zone Contact

Title

Signature of Enterprise Zone Contact

Date

Name of Enterprise Zone Agency

Address

() _____

Telephone Number

THE PROJECT NARRATIVE

GOES HERE

No standard forms are provided for the Project Narrative.

See Programmatic Instructions for details.

THE BUDGET NARRATIVE

GOES HERE

No standard forms are provided for the Budget Narrative.

See Programmatic Instructions for details.

BUDGET CATEGORY AND LINEITEM DETAIL	
A. Personal Services – Salaries/Employee Benefits	COST
TOTAL	

BUDGET CATEGORY AND LINE ITEM DETAIL	
B. Operating Expenses	COST
TOTAL	

**THE PROPOSAL APPENDIX
GOES HERE**

See Programmatic Instructions for details.

SAMPLE OPERATIONAL AGREEMENT

This Operational Agreement stands as evidence that the _____ (applicant agency) and the (agency) _____ intend to work together toward the mutual goal of providing maximum available assistance for crime victims residing in _____ (jurisdiction). Both agencies believe that implementation of the proposal, as described herein will further this goal. To this end, each agency agrees to participate in the program, if selected for funding, by coordinating/providing the following services:

1. The _____ (applicant agency) project will closely coordinate the following services with the (agency) _____ through:

- Project staff being readily available to _____ (agency) for service provision through (describe arrangements with the agency) _____;
- Regularly scheduled meetings _____ (how often) between _____ (persons/positions) to discuss strategies, time tables and implementation of mandated services.

* Specifically:

* List specific activities that will be undertaken between the two agencies or other specifics of the agreement.

We, the undersigned, as authorized representatives of _____ (applicant agency) and _____ (agency), do hereby approve this document.

For _____

For _____

Date _____

Date _____

**SPECIAL EMPHASIS VICTIM ASSISTANCE
AND SPECIAL VICTIM ASSISTANCE PROGRAMS - VOCA FY 2000/01
ASSURANCES**

By signing this document the applicant assures the Governor's Office of Criminal Justice Planning that the applicant is in compliance with all requirements of the Special Emphasis Victim Assistance and Special Victim Assistance Program RFP's including the following assurances:

1. That the applicant is:
 - a. a local unit of a governmental agency, or
 - b. a private nonprofit organization, or
 - c. an Indian tribal organization; and
2. That, if selected for funding, the application is authorized by a resolution of the governing board or an Indian tribal resolution; and
3. That if the applicant is an Indian tribal organization it meets the following VOCA definition:

A Native American tribe/organization is described as any tribe, band, nation, or other organized group or community, which is recognized as eligible for the special programs and services provided by the United States to Native Americans because of their status as Native Americans. A reservation is defined as a tract of land set aside for use of, and occupancy by, Native Americans; and

4. That the applicant will comply with all VOCA and OCJP programmatic service standards delineated in the Special Emphasis Special Victim Assistance Program Guidelines; and
5. That the applicant is applying in the category which is checked below (mark only one box below):

<input type="checkbox"/> NEW PROGRAM or EXISTING PROGRAM	20% MATCH
<input type="checkbox"/> INDIAN PROGRAM	5% MATCH

Signed by Applicant (should be same person who signs Grant Award Face Sheet).

Signature: _____
Signature of Authorized Official

Agency: _____

Date: _____

Complete this form to report the total funds available to support the activities related to accomplishing the goals and objectives of the Grant Award Agreement. In the Grant Funds column, report the OCJP funds requested by category; in the Other Funds column, report all other funds available to support the project by category and then calculate the totals by category in the Program Total column. Total each column to arrive at the total program funds available.

OTHER FUNDING SOURCES			
BUDGET CATEGORY	GRANT FUNDS (Use only the grant funds identified in the preceding budget pages.)	OTHER FUNDS	PROGRAM TOTAL
Personal Services			
Operating Expenses			
Equipment			
TOTAL			

OCJP-653
Rev. 1/94)

THIS FORM DOES NOT BECOME PART OF THE GRANT AWARD.

List all currently funded OCJP projects and all OCJP grants awarded to the applicant during the last five fiscal years. Include the fiscal year of operation, the grant number and the amount of OCJP funding. For current and proposed grants that include positions funded by more than one OCJP grant, list these personnel by title and the percentage of the position funded by OCJP. The percentage of funding must not exceed 100% for any one individual. **For example:**

FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	PERCENTAGE PAID BY OCJP
1998-99	CP98010001	\$50,000	Project Director	25%
1998-99	CR98020001	\$67,000	Project Director	25%
1998-99	DS98020001	\$68,000	Project Director	50%

PRIOR, CURRENT AND PROPOSED OCJP FUNDING				
FISCAL YEAR	GRANT NUMBER	GRANT AMOUNT	PERSONNEL BY TITLE	% OF OCJP FUNDING

**GOVERNOR'S OFFICE OF CRIMINAL JUSTICE PLANNING
VICTIM WITNESS BRANCH
SPECIAL EMPHASIS (SE) AND SPECIAL VICTIMS (SV) PROGRAM RFP
RATING FORM: 2000/2001**

	Control #:
	Rater #:
APPLICANT:	
CATEGORY: ___ NEW ___ EXISTING ___ NATIVE AMERICAN	
FUNDS REQUESTED:	
PREFERENCE POINTS: 2% 5%	

CATEGORY	TOTAL POINTS POSSIBLE
1. PROBLEM STATEMENT	120
2. PLAN	150
3. IMPLEMENTATION	95
4. BUDGET	70
5. COMPREHENSIVE ASSESSMENT	50
	TOTAL 485

Each of the above categories contain questions that are assigned a point value. The point scale is divided into five columns labeled **I, II, III, IV, and V**. Each question is evaluated on the following criteria:

- I.** Unresponsive to the question or was left blank.
- II.** Does not completely respond to the question. Information presented does not provide a good understanding of applicant's intent, does not give detailed information requested by the RFP, or does not adequately support the proposal.
- III.** Responsive to the question. Provides an average understanding of the applicant's response to the RFP. Response adequately supports the proposal.
- IV.** Above average response which gives a clear and detailed understanding of the applicant's intent. Response presented a persuasive argument supporting the proposal.
- V.** Outstanding response with clear, detailed and relevant information exceeding the information requested. Response presented a compelling argument supporting the proposal.

NOTE: Raters may assign point values between these columns.

	I	II	III	IV	V
1. PROBLEM STATEMENT (Maximum 120 points)					
a. How well does the problem statement describe the service area, population, ethnic, economic composition and social factors, including crime statistics?	0	7	13	19	25
b. How well does the problem statement describe the specific issues to be addressed?	0	7	13	19	25
c. How well does the problem statement describe how services will be accessed?	0	5	10	15	20
d. How well does the problem statement discuss the need for the project and why current resources are not meeting this need?	0	13	25	38	50
2. PLAN (Maximum 150 points)					
a. Project Description (Maximum 75 points)					
1) How well does the project description effectively impact the problem?	0	7	13	19	25
2) How well does the applicant describe the victim population?	0	7	13	19	25
3) How well does the applicant describe use of volunteers?	0	7	13	19	25
b. Objectives/Activities (Maximum 75 points)					
1) How well do all the objectives and activities address the needs discussed in the problem statement?	0	7	15	22	30
2) How well do the described activities logically correlate to the planned objectives?	0	3	5	8	10
3) How well do the objectives and activities measure the quantity of services provided?	0	3	5	8	10
4) How well are the project staff assignments described that reasonably correlate to the activities?	0	3	5	8	10
5) Are source documents described, and are reasonable methods to collect information included?	0	4	8	12	15
3. IMPLEMENTATION (Maximum 95 points)					
a. Organizational Qualifications (Maximum 40 points)					

	I	II	III	IV	V
1) How well does the proposal describe the history, mission, expertise and focus of services of the implementing agency?	0	4	8	12	15
2) How well does the applicant describe the agency's staff, volunteers or governing/advisory board?	0	2	3	4	5
3) How well does the applicant describe the staff qualifications, project monitoring/evaluation and supervision responsibilities?	0	4	8	12	15
4) Does the applicant ensure California criminal record checks on all staff, volunteers and trainees?	0	2	3	4	5
b. Coordination with Other Agencies (Maximum 55 points)					
1) How well does the application describe coordination with other participating agencies?	0	5	10	15	20
2) Is there proposed language, or an actual operational agreement (OA) or memorandum of understanding (MOU) provided which includes each listed participating agency?	0	3	5	7	10
3) How well do the OAs/MOUs describe who will provide services and what those services are?	0	4	8	12	15
4) Are actual OAs/MOUs signed and dated for FY 2000/2001 included in the proposal?	0	3	5	7	10
4. BUDGET, including budget narrative (Maximum 70 points)					
a. How well does the budget support the proposed objectives and activities?	0	7	13	20	25
b. How well do the duties, required qualifications, and time commitment of project-funded staff support the proposed objectives and activities?	0	7	13	20	25
c. How well does the budget comply with VOCA requirements and restrictions?	0	5	10	15	20
5. COMPREHENSIVE ASSESSMENT (Maximum 50 points)					
How well does this proposal support the overall intent, goals, and purpose of the program?	0	12	25	37	50